

Eggert Family Dentistry

www.eggertfamilydentistry.com

Suite 120 700 Village Center Drive

North Oaks, MN 55127 651-482-8412

Elizabeth C. Eggert DDS • Jeffrey M. Eggert DDS

Child's Name _____ Date _____ (Update @ 6 MRC) Observations By _____

Parent's Private-Eye Home Study

There are many important things about your child's health and habits that we don't get to see at the dental office. Many parents are not aware that these observations are connected to their child's teeth and overall health. Your assistance in looking for and tracking these "signs and symptoms" will give us a more complete picture of things that may be connected. You don't have to spend a lot of time with the assessment tool. Just observe your child's behavior at different times of day. You want to see their most natural behaviors, therefore, try not to let your child know that you are watching. Check off what you see. Make comments if you desire.

During a meal.....

Does your child:

- ☐ Gasp for air while eating
- ☐ Gag easily
- ☐ Stick the tongue between the teeth when swallowing
- ☐ Stick the tongue out to meet the drinking glass
- ☐ Drink a lot while eating
- ☐ Make noises when chewing
- ☐ Eat sloppily
- ☐ Open mouth chewing
- ☐ Take a breath before drinking
- ☐ Puff the cheeks out when drinking
- ☐ Make the lips purse when swallowing

- ☐ Make the chin "crinkle" when swallowing (tense muscles)
- ☐ Bob the head when swallowing

- ☐ Swallow a lot of air (more burping, more flatulence)
- ☐ Have difficulty swallowing, especially bread or chicken
- ☐ Pick at the food or act unwilling to eat certain foods

While sitting around..... (watching TV, on a tablet, in the car)

Does your child:

- ☐ Put "things" in the mouth a lot (toys, sleeves, pencils, etc)
- ☐ Suck on a pacifier or thumb
- ☐ Lick or suck on the lips
- ☐ Have the lips apart, even a little
- ☐ Stick or dart the tongue out of the mouth
- ☐ Have the tongue resting between the teeth

- ☐ Lean the cheek on a hand
- ☐ Breathe with an open mouth, even a little
- ☐ Make noise while breathing
- ☐ Have trouble sitting still/act restless/fidget

(OVER)

While sleeping.....

Does your child:

- ☐ Snore (quiet or loud)
- ☐ Make loud breathing noises
- ☐ Breathe with mouth open, even a little
- ☐ Grind teeth at night
- ☐ Sleep with mouth open
- ☐ Toss and turn (restless sleep)
- ☐ Kick the covers off
- ☐ Tilt the head back
- ☐ Have frequent nightmares or night terrors
- ☐ Sleep walks or talks
- ☐ Sweat at night
- ☐ Stop breathing, even for a short time
- ☐ Have abnormal sleep issues
- ☐ Wake up frequently
- ☐ Have trouble waking up (groggy)
- ☐ Wet the bed
- ☐ Wake up with dark circles under the eyes
- ☐ Wake up with dry throat/mouth or thirsty
- ☐ Wake up with dry or chapped lips
- ☐ Wake up with headaches
- ☐ Wake up in a funny position or off the bed

Does your child HAVE.....

- ☐ Bad or acidic smelling breath

- ☐ Trouble with speech sounds or mumbling or speech delays
- ☐ Frequent headaches or neck pain
- ☐ Frequent tonsil infections/strep throat
- ☐ Chronic allergies
- ☐ Chronic runny or stuffy nose or feeling of nasal drip
- ☐ The feeling that something is stuck in the back of the throat

- ☐ A hoarse voice
- ☐ A non-productive cough
- ☐ Issues with eczema
- ☐ Difficulty in school, especially with concentration
- ☐ Difficulty organizing tasks
- ☐ Difficulty controlling anger/aggressive behavior
- ☐ The tendency to interrupt
- ☐ Difficulty listening when spoken to
- ☐ Irritability
- ☐ Excessive daytime sleepiness
- ☐ ADHD/ADD diagnosis
- ☐ Teachers commenting about potential issues
- ☐ Depression or anxiety
- ☐ Growth issues/failure to thrive/or overweight

Mother and Infant Symptoms

(Either Currently or in the Past):

- ☐ Painful nursing or shallow latch
- ☐ Flattened, bleeding, cracked, or lipstick shaped nipples
- ☐ Difficult bottle-feeding
- ☐ Excessive gassiness or fussiness
- ☐ Prolonged feeding time at the breast or bottle
- ☐ Milk dribbles out of mouth when eating
- ☐ Clicking, choking, or smacking while eating

- ☐ Noisy breathing or snoring
- ☐ Reflux or spitting up often
- ☐ Slow or poor weight gain
- ☐ Frustrated when eating
- ☐ Hates tummy time or only sleeps upright